

PATIENT PRESENTING CLINICAL SIGNS

Ginger Nolen -History: Lost 1.5# without O trying. O tried upping food amount and pet was not interested in eating all the food. Vomting bile/white foam every other day for 2 weeks. Urinating in house over the last 2 weeks which is not normal.

SPECIES

Canine

BREED

Yorkie Mis

Abnormal PE/Chem/CBC/UA Results: Physical exam findings: patella issues. Chronic Metcam use. Abnormal CBC values: Platelet Count is high at 486 Abnormal Chemistry Values: BUN is high at 36 Abnormal UA Values: WNL Radiograph Findings(email radiographs if available): Kidney stone noticed on x-rays Reason for Ultrasound: Check kidney stone. Vomiting intermittently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

AGE

13 years

WEIGHT

7.8 lbs.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted In the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint hyperechoic cortical foci which may indicate pinpoint areas of cortical fibrosis, mineralization, or microinfarction, were present. A solitary nonobstructive calculus was present in the mid medulla of the right kidney measuring 0.5 cm in diameter. The left kidney measured 3.2 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.42 cm width in the cranial pole and 0.57 cm width in the caudal pole. The right adrenal gland measured 0.47 cm width in the cranial pole and 0.55 cm width in the caudal pole.

Spleen

The spleen was normal in overall size and contour with mild generalized splenic parenchyma heterogeneity. Intermittent nondisruptive nonhomogeneous cystic-appearing splenic nodules were present with an example measuring 0.63 cm in diameter.

Liver/ Gallbladder

The liver exhibited potential for mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

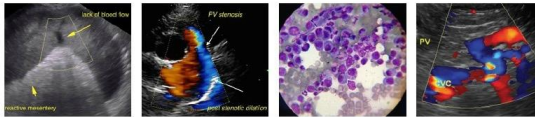
Dr. Kristi Cortright

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DATE

8/3/22



PATIENT

Ginger Nolen

in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder contained nondependent to particulate, nonorganized gallbladder debris. The gallbladder and peripheral gallbladder were sonographically unremarkable. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was normal.

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Gastrointestinal

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The stomach presented intact yet mildly prominent wall layering primarily in the area of the antrum and pylorus. The pylorus wall width measured 0.51 cm. Mild nonshadowing ingesta / chyme was present with luminal gas.

SEX

FS

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.37 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE

13 years

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

7.8 lbs.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern, overtly normal small bowel
- Pancreatic remodeling - age-related pancreatic changes, potential for low-grade to chronic pancreatitis
- Nonspecific intermittent cystic-appearing splenic nodules - subjectively benign
- Bilateral chronic renal changes with nonobstructive right kidney medullary renolith
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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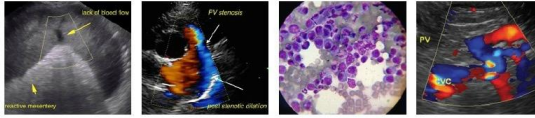
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Potential for more generalized inflammatory gastroenteropathy without evidence of small intestinal mural changes with potentially some contribution to the patient's decreased appetite secondary to low-grade to chronic pancreatitis is possible.

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Given the weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as, if not done, Three-view chest radiographs to rule out occult thoracic or esophageal pathology as a contributing factor, is suggested. Some or all of the following protocol could be considered.



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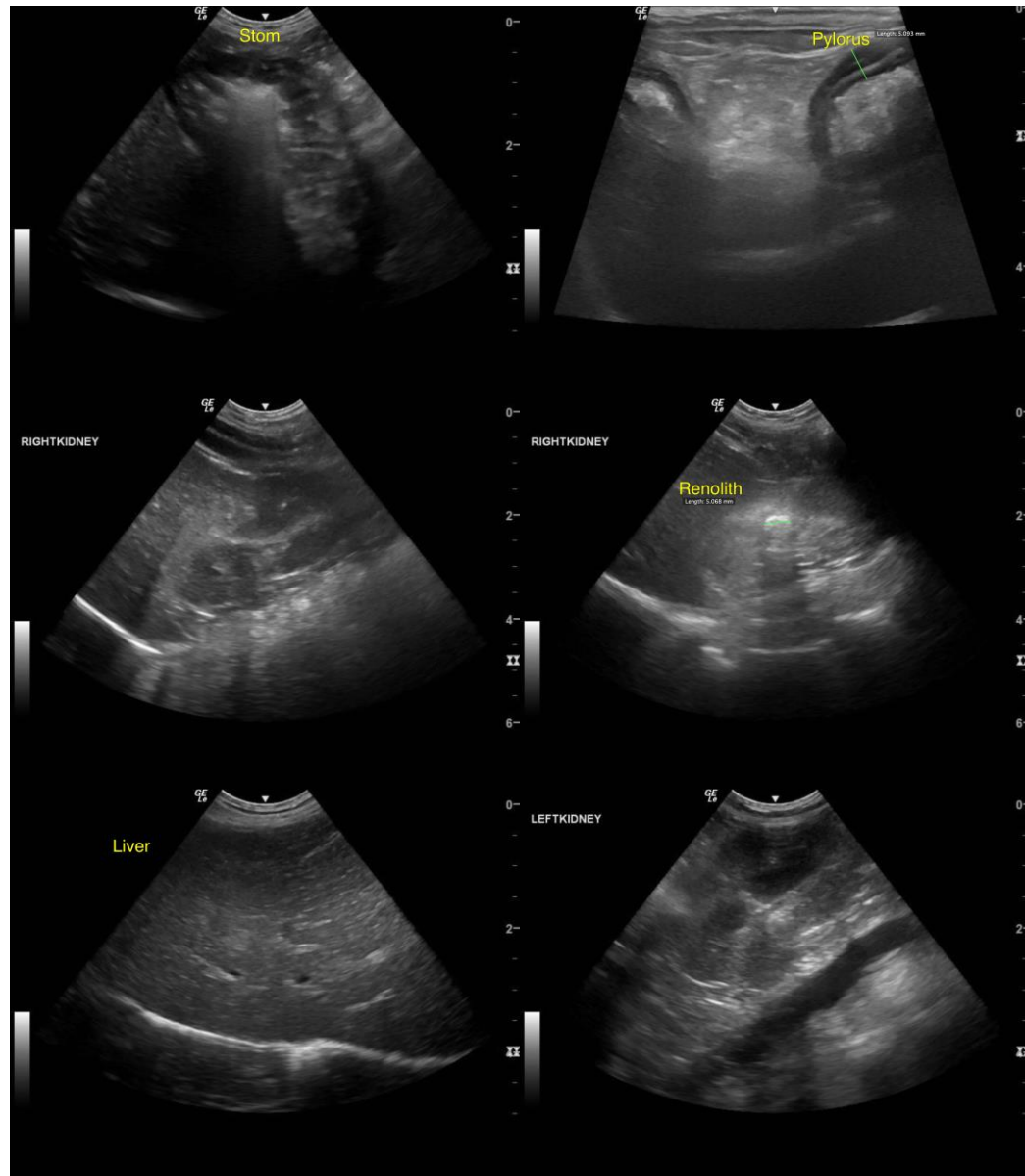
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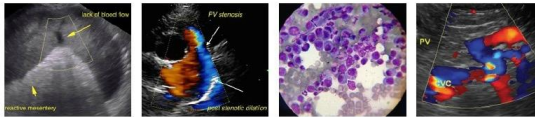
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A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.





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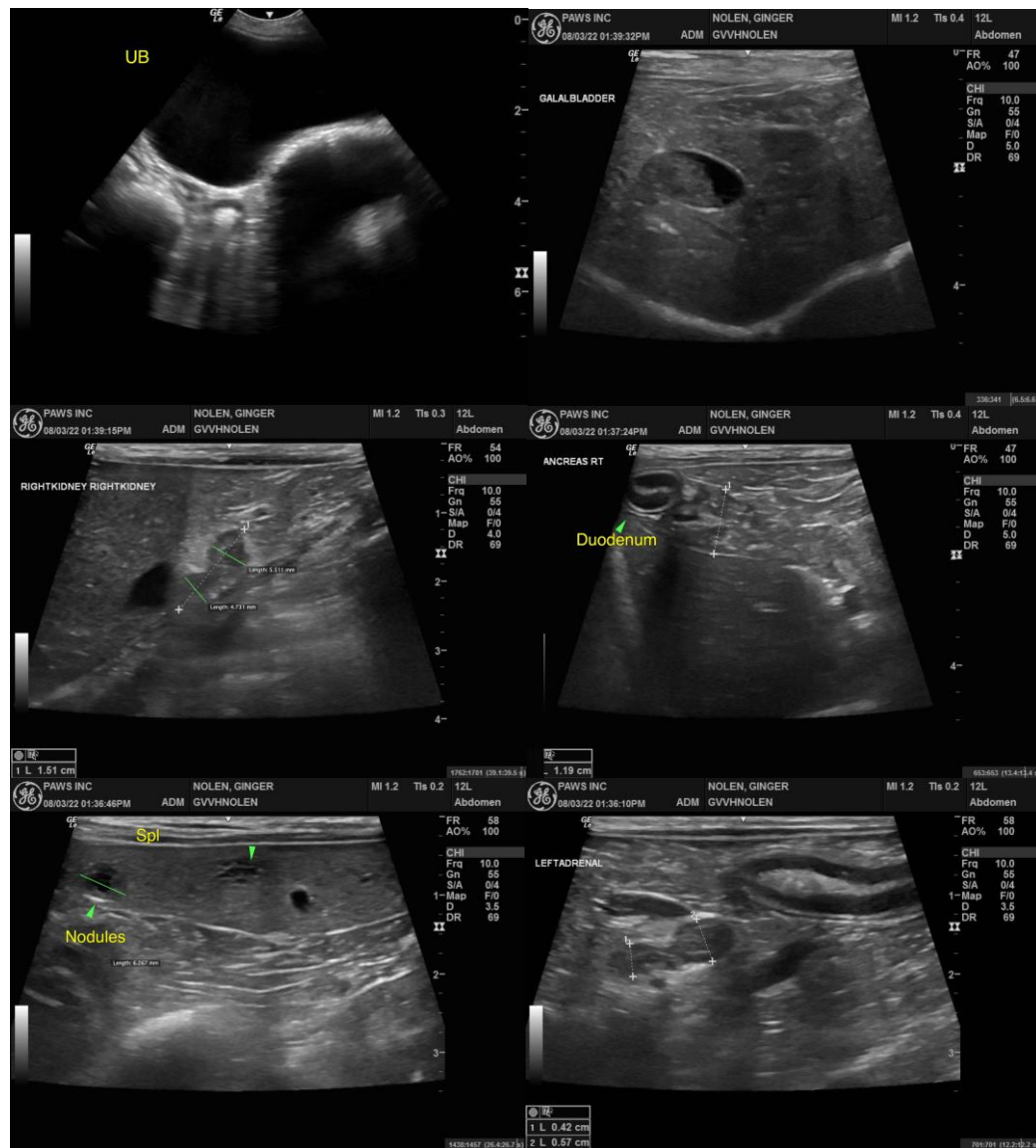
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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